

Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission

Statement of Committee Organization

Date: 06/18/2018 7-1-18 Der Condite	- By Phone 7 19-18
Type: ■ New □ Amended (if amending, enter MEC ID C	180541 & section changed
Committee Information Committee to Elect Melissa Robinson	
PO Box 270576 Kansas City MO 6-Committee Mailing Address, City, State, & Zip	relephone number
Competitor Types	Kansas City Election Board County Clerk or Board of Election Commissioners COUNTY Clerk or Board of Election Commissioners COUNTY Clerk or Board of Election Commissioners
Committee Type: ☐ Campaign Candidate ☐ Continuin	ig (PAC) Debt service Exploratory Political Party
Treasurer/Deputy Treasurer Information Alvin Brooks	
Treasurer's Name (First & Last) 3717 Southern Hills Drive Kansas City, MO 64137	Treasurer's Email Address (optional) 7816 \ 719-0670 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)
Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number
Additional Committee Information	
Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip
Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip
CANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committee	
	esj
Candidate Supported or Opposed (candidate committees mu	ust include self, if candidate)
Melissa Robinson Pobox 210576, ICMO Name & Mailing Address, City, State & Zip of Candidate 6412	
4/2/2019 Council Person Council Person Office Sought & Political Subdivision Council	Political Party Support of Capase
City of Kansas City Ballot Measure Supported or Opposed (campaign committee	
Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose &
Signature(s) Check certification(s) & sign (required by all cor	
■ I affirm and attest under penalty of perjury that information	
	or declaration made herein is punishable under Ch. 575 RSMo.
Committee Treasurer	Candidate (Cardidate Por/muses Only)